

Department of Health and Human Services
Public Health Service

Statement of Appointment

Please use typewriter

Please Note: See instruction sheet and follow carefully. Complete and submit this form at the time individual enters the program, is reappointed, or the reported appointment is amended. (See definitions on instruction sheet.) Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, a signed and dated payback agreement must accompany this form.

1. PHS GRANT NUMBER Type Activity I/D Serial No. 5 T32 CA 09270-25			2. TRAINEE'S NAME (Last, first, initial) Collins, Christopher, J.		3. SEX <input type="checkbox"/> F <input checked="" type="checkbox"/> M
4. TYPE OF ACTION (Check one type) <input checked="" type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 17			5. PRIOR SUPPORT (Individual or institutional) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," see instructions)		
6. SOCIAL SECURITY NO. 465-71-5383		7. BIRTHDATE (Month, day, year) 01-10-71		8. CITIZENSHIP (See instructions) <input checked="" type="checkbox"/> U. S. Citizen or U. S. Noncitizen National <input type="checkbox"/> Permanent Resident of U. S.	
10. PERMANENT MAILING ADDRESS 2027 - 43rd Avenue San Francisco, CA 94116			9. RACE (See instructions) 5		
			11. DISCIPLINE, SPECIALTY, OR FIELD Biochemistry 020		
			12. PERIOD OF THIS APPOINTMENT (Month, day, year) 07-01-00//06-30-01		
13. EDUCATION—AFTER HIGH SCHOOL (Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)					
(a) Name of Institution, Department, and Location		(b) Month and Year Attended		(c) Degree(s) Received	(d) Major Field
		From	To	Degree	Mo. & Yr.
Contra Costa College		9/89	12/91	--	Chemistry
UC Berkeley		1/92	12/93	BS	12/93 Chemistry
UC Santa Cruz		10/95	6/00	PhD	6/00 Chemistry
14. NAMES OF SPECIALTY BOARDS		17. SUPPORT FOR PERIOD OF APPOINTMENT			
		Type		Total for This Grant (Omit cents)	
15. DEGREE SOUGHT		Stipend/salary		\$26,916.00	
		Tuition/fees (estimated)			
16. COMPLETION DATE		Travel (estimated)		800.00	
		TOTAL		\$27,716.00	
18. STATEMENT OF NONDELINQUENCY ON FEDERAL DEBT. Is the trainee delinquent on the repayment of any Federal debt(s)? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," please explain below. Use additional pages if necessary.)					

19. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		(a) SIGNATURE OF TRAINEE Chris G. Collins	(b) DATE 7-5-00
20. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.		(a) SIGNATURE OF PROGRAM DIRECTOR K R Yamamoto	(b) DATE 7/5/00
(c) TYPED NAME OF PROGRAM DIRECTOR K.R. Yamamoto, PhD		(d) NAME, ADDRESS, AND PHONE NO. OF INSTITUTION (Street, city, state, zip code) (415)476-1495 UCSF - Dept of Biochemistry 513 Parnassus, S-964 San Francisco, CA 94143-0448	
(e) SCHOOL UCSF / Medicine	(f) DEPARTMENT Biochemistry		